Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.ustreas.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

DO NOT STAPLE OR FOLD

a Control number	For Official Use Only ▲	OMB No. 1545-0008	33333

b Kind of Payer ▶ 941 ☐ Military ☐ 943 ☐ CT-1 ☐ Hshld. emp. ☐ Medicare govt. emp. ☐ Third-party sick pay ☐

c Total number of Forms W-2	d Establishment number	5 Medicare wages and tips $	6 Medicare tax withheld $
e Employer identification number		7 Social security tips $	8 Allocated tips $
f Employer's name		9 Advance EIC payments $	10 Dependent care benefits $
		11 Nonqualified plans $	12 Deferred compensation $
		13 For use by third-party sick pay payer only	
g Employer's address and ZIP code		14 Income tax withheld by third-party sick pay payer $	
h Other EIN used this year		15	
i Employer's state ID no.		16 State wages, tips, etc. $	17 State income tax $
		18 Local wages, tips, etc. $	19 Local income tax $

Contact person	Telephone number ( )	For official use only
E-mail address	Fax number ( )	

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ Title ▶ Date ▶

Form W-3 Transmittal of Wage and Tax Statements 2001

Department of the Treasury
Internal Revenue Service

Draft as of 6/28/2000